

FOOD STAMP PROGRAM REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the FS 24 for your records and submit via email to the Food Stamp Policy Implementation Unit (FSPIU), 744 P Street, M.S. 16-32, Sacramento, CA 95814.

1. REQUESTOR NAME:	5. COUNTY/QUALITY CONTROL/CONSORTIA PLANNING/STATE HEARINGS
2. PHONE NO.:	6. SUBJECT:
3. REGULATIONS CITE(S):	7. REFERENCES: (ACLs/ACINs, FSQADs, etc.)
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):	

10. REQUESTOR'S PROPOSED ANSWER:

11. STATE POLICY RESPONSE (FSPIU USE ONLY):

ANALYST:	REGULATION PROBLEM: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
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